

**Maternal Infant Health Program
COMPLAINT FORM**

Please be advised that the agency/individual you complained against will be informed of this complaint in order to facilitate resolution of this matter. This does not necessarily mean that you will be identified in the initial stages of the complaint investigation. Please provide as much detail as possible as you complete this form. If you include client names, do not email this form unless you use encryption software. Mail, fax or email your completed form to:

Rose Mary Asman R.N., M.P.A.
Perinatal Health Unit Manager
Michigan Department of Community Health
Division of Family and Community Health
Washington Square Building
109 W. Michigan, 3rd Floor
Lansing, MI 48913
Phone 517 335-8005
Fax 517 335-8822
E-mail MIHP@michigan.gov

DATE COMPLAINT SUBMITTED:**PERSON FILING COMPLAINT**

Name of Individual

Name of Agency/Company (if applicable)

Street Address

City/Zip

Phone (day)

Email address

Which of the following statements best applies to you?

- ☐ I am (or was) a client of the agency or person I'm complaining against.
- ☐ I work (or worked) for the agency or person I'm complaining against.
- ☐ I operate or work for another MIHP provider agency.
- ☐ I operate or work for another community agency.
- ☐ I am a health care provider (e.g., physician, nurse-midwife, pediatric nurse practitioner, family nurse practitioner, physician assistant)
- ☐ I work for a Medicaid Health Plan.
- ☐ Other (please describe)

AGENCY OR PERSON YOUR COMPLAINT IS AGAINST

Name of Agency

Name of Person

Street Address
City/Zip

COMPLAINT

Please explain your complaint in detail. Include dates, facts, locations, and names of other people involved or affected. Be as specific as you can.

COMPLAINT RESOLUTION ATTEMPT

Have you contacted the agency or person your complaint is against to try to resolve it?

___ Yes. Please describe what happened. Include names of persons contacted and dates of contact.

___ No. Please explain:

COMPLAINT REPORTED TO OTHER ENTITIES

Have you complained to any additional agencies, persons or other entities about this specific incident or situation? If so, please identify them and note their response.

RESOLUTION

What would need to happen for you to feel that this complaint was resolved?